STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL096014 08/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD **BROOKDALE BERKLEY BOULEVARD** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Biennial Survey by Ed Miller on August 19, 2015. Records indicate that this Facility was first licensed or submitted for licensure on or about June 11, 1997 for Sixty (60) Beds. Based on the above information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I. Physical plant deficiencies were noted which require a plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |                                                                                                                                                                                                                                     | (X3) DATE SURVEY<br>COMPLETED |                          |
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| NAME OF                                                                                             | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DRESS, CITY, S                                    | STATE, ZIP CODE                                                                                                                                                                                                                     | -                             |                          |
| BROOKI                                                                                              | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I EVARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ERKLEY BLV<br>DRO, NC 27                          |                                                                                                                                                                                                                                     |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                                                                            | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 101                                                                                               | meet NC State Buil Licensing by not ha components of a pregress locking syst residents, staff and exiting in an emerg acceptable time. Findings on August a. The front door which requires a rerelease device which ALARM SOUNDS. 15 SECONDS".  2. Based on obsemeet NC State Buil Licensing by not ha components of a presystem that penetra fire-resistance-rate affect all residents, of a fire there were fire/smoke in the rown of the staff | et as evidenced by: rvation, the Building failed to ding Code at the time of initial ving all the required operly operational delayed em. This could affect all visitors by potentially delaying ency for more than an  19, 2015: has delayed egress locking, adily visible sign near the ch reads: "PUSH UNTIL DOOR CAN BE OPENED IN  rvation, the Building failed to ding Code at the time of initial ving all the required operly operating HVAC ates one-hour d construction. This could staff and visitors if in the event no fire dampers to contain the om or compartment of origin. 19, 2015: seiling radiation damper | C 101                                             |                                                                                                                                                                                                                                     |                               |                          |
| C 133                                                                                               | rooms are:<br>(6) Hand grips sha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PHYSICAL PLANT 05 PHYSICAL  Its for bathrooms and toilet  Il be installed at all and showers used by or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 133                                             |                                                                                                                                                                                                                                     |                               |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>                                                                                                                                                                                                                                               |                          |                                                                                                                | (3) DATE SURVEY<br>COMPLETED |                          |
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|                                                                                                      |                                                                                                                                                                                                                                                                                                                              | HAL096014                                                                                                                                                                                                                                                                                        | B. WING                  |                                                                                                                | 08/1                         | 9/2015                   |
|                                                                                                      | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                         | I FVARD 1800 N B                                                                                                                                                                                                                                                                                 | DRESS, CITY, SERKLEY BLA |                                                                                                                |                              |                          |
| (X4) ID<br>PREFIX<br>TAG                                                                             | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                             | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                         | (X5)<br>COMPLETE<br>DATE |
| C 133                                                                                                | This Rule is not me 1. Based on obse ensure that commo equipped with stabl affects all residents fixtures by not provi controlled against ir maneuverability at t Findings on August a. There were loo commodes, and tub include but not limit i. Spa tub, ii. Public Restroor                                               | et as evidenced by: rvation, the facility failed to des, tubs and showers are e hand grips. This deficiency who use these unstable ding increased safety, nstability/balance, and the fixtures. 19, 2015: se hand grips (grab bar) at the os at the following locations to ed to:                | C 133                    |                                                                                                                |                              |                          |
| C 104                                                                                                | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities.  This Rule is not me 1. Based on Obse prevent chronic unp affect all residents, them to unpleasant Findings on August a. Bedroom 107 h | PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: ervation, the facility failed to oleasant odors. This would staff and visitors by exposing environment. | C 104                    |                                                                                                                |                              |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPL<br>A. BUILDING:                                                                   | E CONSTRUCTION  01  |                                                                                                  | SURVEY<br>PLETED |                          |
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|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HAL096014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | B. WING             |                                                                                                  | 08/              | 19/2015                  |
| NAME OF I                                                                                           | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STDEET AD                                                                                      |                     | STATE, ZIP CODE                                                                                  | 00/              | 19/2015                  |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | ERKLEY BLV          |                                                                                                  |                  |                          |
| BROOKE                                                                                              | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                                                                                                                                           | LEVARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GOLDSB                                                                                         | ORO, NC 27          | 534                                                                                              |                  |                          |
| (X4) ID<br>PREFIX<br>TAG                                                                            | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                           | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FI<br>SC IDENTIFYING INFORMATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | SHOULD BE        | (X5)<br>COMPLETE<br>DATE |
| C 166                                                                                               | Continued From pa                                                                                                                                                                                                                                                                                                                                                                                                                                          | ge 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | C 166               |                                                                                                  |                  |                          |
| C 166                                                                                               | Housekeeping-Mair                                                                                                                                                                                                                                                                                                                                                                                                                                          | ntained Free of Hazard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ds                                                                                             | C 166               |                                                                                                  |                  |                          |
|                                                                                                     | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me 1. Based on Obse provide an environr Rule, by not mainta grilles and their ass hazards. This could visitors if in the eve close completely to room of origin. Findings on August a. The large return damper in the corri an excessive accur b. In Mech. Room supply and return fi | PHYSICAL PLANT 06 HOUSEKEEPING es shall: n an uncluttered, clear e of all obstructions ar apply to new and exist et as evidenced by: ervation, the facility failment in accordance with ining the HVAC/ventila ociated dampers free affect all residents, st nt of a fire the damper contain the fire within 19, 2015: n HVAC grille and its ra dor outside Bedroom 8 nulation of dust/lint. 409, HVAC Unit 6 had                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G AND  n and nd  ting  ed to th this ation, of caff and es do not the  adiation 803 had d both |                     |                                                                                                  |                  |                          |
|                                                                                                     | Ventilation grille and excessive accumul                                                                                                                                                                                                                                                                                                                                                                                                                   | d its radiation damper ation of dust/lint.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | had an                                                                                         |                     |                                                                                                  |                  |                          |
| C 183                                                                                               | Fire Extinguishers                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | C 183               |                                                                                                  |                  |                          |
|                                                                                                     | (a) At least one five<br>A-B-C type fire exting<br>2,500 square feet of                                                                                                                                                                                                                                                                                                                                                                                    | PHYSICAL PLANT 08 FIRE EXTINGUIS DESCRIPTION DESCRIPTI | charge)<br>r each<br>thereof.                                                                  |                     |                                                                                                  |                  |                          |

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|                          | IT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                                                                | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION<br><b>01</b>                                                                                  | (X3) DATE<br>COMP | SURVEY<br>PLETED         |
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|                          |                                                                                                                                                                                                                                                                                      | HAL096014                                                                                                                                                                                                                                                                                                                                         | B. WING                      |                                                                                                              | 08/1              | 9/2015                   |
| NAME OF F                | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                 | STREET ADI                                                                                                                                                                                                                                                                                                                                        | DRESS, CITY, S               | STATE, ZIP CODE                                                                                              |                   |                          |
| BROOKE                   | OALE BERKLEY BOU                                                                                                                                                                                                                                                                     | I FVARD                                                                                                                                                                                                                                                                                                                                           | ERKLEY BLV<br>DRO, NC 27:    |                                                                                                              |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                                                                                                                                                                                                                                                     | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>BC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE             | (X5)<br>COMPLETE<br>DATE |
| C 183                    | or CO/2 type is requapplicable, in the modern applicable, in the modern applicable, in the modern applicable, in the modern applicable, in the modern application and applications are in the language of the monthly inspections tags.                                              | uired in the kitchen and, where aintenance shop.  et as evidenced by: rvation, the facility failed to ntain the fire extinguishers and ent. This would affect all visitors by not having ent in proper working order.  19, 2015: the building, including the "K" kitchen, there was no me portable fire extinguisher's con the annual maintenance | C 183                        |                                                                                                              |                   |                          |
| C 188                    | SECTION .0300 - F 10A NCAC 13F .03 All adult care home locations at sinks, b building shall have  This Rule is not me 1. Based on Obse maintain in a safe n receptacles in wet a residents, staff and ground fault protect Findings on August a. In the Beauty S receptacle was with | PHYSICAL PLANT  10 ELECTRICAL OUTLETS electrical outlets in wet bathrooms and outside of ground fault interrupters.  et as evidenced by: ervation, the facility failed to manner, the electrical power areas. This would affect all visitors by not providing ion to these devices.                                                               | C 188                        |                                                                                                              |                   |                          |
| C 189                    | Building Equipment<br>SECTION .0300 - F                                                                                                                                                                                                                                              | Maintained Safe, Operating PHYSICAL PLANT                                                                                                                                                                                                                                                                                                         | C 189                        |                                                                                                              |                   |                          |

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| STATEMEN                 | IT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                                                                | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  01                                                                                             | (X3) DATE<br>COMP |                          |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
|                          |                                                                                                                                                                                                                                                                                                                                  | HAL096014                                                                                                                                                                                                                                                                                                                                         | B. WING                      |                                                                                                                | 08/1              | 9/2015                   |
| NAME OF I                | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   | l                            | STATE, ZIP CODE                                                                                                | 1 00/1            | 0/2010                   |
|                          |                                                                                                                                                                                                                                                                                                                                  | 1800 N BF                                                                                                                                                                                                                                                                                                                                         | ERKLEY BLV                   |                                                                                                                |                   |                          |
| BROOKE                   | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                 | GOLDSB0                                                                                                                                                                                                                                                                                                                                           | ORO, NC 27                   | 534                                                                                                            |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                 | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE             | (X5)<br>COMPLETE<br>DATE |
| C 189                    | Continued From pa                                                                                                                                                                                                                                                                                                                | ge 5                                                                                                                                                                                                                                                                                                                                              | C 189                        |                                                                                                                |                   |                          |
|                          | mechanical, and plu<br>care home shall be<br>operating condition<br>(k) This Rule shall<br>facilities with the ex                                                                                                                                                                                                                | d all fire safety, electrical,<br>umbing equipment in an adult<br>maintained in a safe and                                                                                                                                                                                                                                                        |                              |                                                                                                                |                   |                          |
|                          | maintained in a safe not having a proper locking system. Thi staff and visitors by stopping exiting in a Findings on August a. The front door's initiate the irreversil seconds, when the depressed.  b. The delayed egexit doors, did not use actuation of the fire i. Front Door Exit ii. Exit near Beaut iii. Exit Near Bedro | rvation, the Building was not e and operating condition by ally operational delayed egress is could affect all residents, potentially delaying or even an emergency.  19, 2015: delayed egress lock, did not be process to unlock within 15 release device was a locks on the following unlock automatically upon alarm system.  by Shop boom 804 |                              |                                                                                                                |                   |                          |
|                          | maintained in a safe<br>because the fire pro-<br>maintained. This wo<br>and visitors by not of<br>the fire alarm.<br>Findings on August<br>a. The fire alarms                                                                                                                                                                    | system's heat detector in as dangling from the ceiling                                                                                                                                                                                                                                                                                            |                              |                                                                                                                |                   |                          |

Division of Health Service Regulation

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| DIVISION | of Health Service Re                                                                   | guiation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                               |           |          |
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|          | NT OF DEFICIENCIES                                                                     | (X1) PROVIDER/SUPPLIER/CLIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPL   | E CONSTRUCTION                                | (X3) DATE |          |
| AND PLAN | OF CORRECTION                                                                          | IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A. BUILDING:   | 01                                            | COMP      | LETED    |
|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | HAL096014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | B. WING        |                                               | 08/1      | 9/2015   |
|          |                                                                                        | TIAE030014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               | 1 00/1    | 3/2013   |
| NAME OF  | PROVIDER OR SUPPLIER                                                                   | STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DRESS, CITY, S | STATE, ZIP CODE                               |           |          |
| PPOOK    | ALE DEDKLEV BOLL                                                                       | 1800 N BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ERKLEY BLV     | /D                                            |           |          |
| DROUNI   | DALE BERKLEY BOU                                                                       | GOLDSBO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DRO, NC 27     | 534                                           |           |          |
| (X4) ID  | SUMMARY STA                                                                            | TEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID             | PROVIDER'S PLAN OF CORRECTION                 | ON        | (X5)     |
| PREFIX   | (EACH DEFICIENCY                                                                       | / MUST BE PRECEDED BY FULL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PREFIX         | (EACH CORRECTIVE ACTION SHOUL                 | D BE      | COMPLETE |
| TAG      | REGULATORY OR L                                                                        | SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TAG            | CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | PRIATE    | DATE     |
|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | DEI TOIEITO!)                                 |           |          |
| C 189    | Continued From pa                                                                      | ige 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C 189          |                                               |           |          |
|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | 2 Decedes shee                                                                         | metics the Duilding was not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                               |           |          |
|          |                                                                                        | rvation, the Building was not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                               |           |          |
|          |                                                                                        | e and operating condition,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               |           |          |
|          |                                                                                        | gn did not work or relay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                               |           |          |
|          |                                                                                        | ion properly. This would affect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | and visitors if they could not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                               |           |          |
|          | promptly find their way to an exit during an                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | emergency. Findings on August 19, 2015:  a. The exit sign did not work on backup power |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | when tested. Locations of specific examples include but are not limited to:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | ss-corridor doors near                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                               |           |          |
|          | i. Left side of cros                                                                   | SS-COITIGOI GOOIS HEAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                               |           |          |
|          |                                                                                        | corridor doors near Bedroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                               |           |          |
|          |                                                                                        | t had no sign directing you to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                               |           |          |
|          |                                                                                        | door as shown in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                               |           |          |
|          |                                                                                        | d confirmed with Executive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               |           |          |
|          | Director.                                                                              | a commined with Executive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                               |           |          |
|          | Director.                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | A Rased on ohse                                                                        | rvation, the Building was not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                               |           |          |
|          |                                                                                        | e and operating condition,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               |           |          |
|          |                                                                                        | e and operating condition, lency lighting, which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                               |           |          |
|          |                                                                                        | ess pathways during power                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                               |           |          |
|          |                                                                                        | ork properly. This would affect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | and visitors if the egress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               |           |          |
|          |                                                                                        | illuminated during the power                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                               |           |          |
|          |                                                                                        | was no other illumination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                               |           |          |
|          | Findings on August                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | ted self-contained emergency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                               |           |          |
|          |                                                                                        | n backup power when the test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                               |           |          |
|          |                                                                                        | Locations of specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                               |           |          |
|          |                                                                                        | out are not limited to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                               |           |          |
|          | i. Corridor near B                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          |                                                                                        | across from Bedroom 406 right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                               |           |          |
|          | end                                                                                    | and the state of t |                |                                               |           |          |
|          |                                                                                        | near Bedroom 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                               |           |          |
|          | iv. Exterior fixture                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | v. Corridor near N                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |
|          | vi. Service Hall,                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                               |           |          |

Division of Health Service Regulation

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|               | of Fleatin Service IN                                         |                                                    | I            |                                                             | ı         | 1                |
|---------------|---------------------------------------------------------------|----------------------------------------------------|--------------|-------------------------------------------------------------|-----------|------------------|
|               | IT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA                        | (X2) MULTIPL | E CONSTRUCTION                                              | (X3) DATE |                  |
| AND PLAN      | OF CORRECTION                                                 | IDENTIFICATION NUMBER:                             | A. BUILDING: | 01                                                          | COMP      | LETED            |
|               |                                                               |                                                    |              |                                                             |           |                  |
|               |                                                               | HAL096014                                          | B. WING      |                                                             | 08/1      | 9/2015           |
| NAME OF F     | PROVIDER OR SUPPLIER                                          | STREET AN                                          | DRESS CITY S | STATE, ZIP CODE                                             |           |                  |
|               | TIDEN ON OUT FEILIN                                           |                                                    | ERKLEY BLV   |                                                             |           |                  |
| BROOKE        | ALE BERKLEY BOU                                               | I FVARD                                            | ORO, NC 27   |                                                             |           |                  |
|               |                                                               |                                                    | JRO, NC 27   |                                                             |           |                  |
| (X4) ID       |                                                               | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL | ID<br>PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL |           | (X5)<br>COMPLETE |
| PREFIX<br>TAG | <b>'</b>                                                      | SC IDENTIFYING INFORMATION)                        | TAG          | CROSS-REFERENCED TO THE APPROPRIES                          |           | DATE             |
|               |                                                               |                                                    |              | DEFICIENCY)                                                 |           |                  |
| C 189         | Continued From pa                                             | ge 7                                               | C 189        |                                                             |           |                  |
|               | ·                                                             |                                                    |              |                                                             |           |                  |
|               | vii. Kitchen,                                                 | 0                                                  |              |                                                             |           |                  |
|               | viii. Exterior fixture                                        |                                                    |              |                                                             |           |                  |
|               | ixMech Room 0                                                 |                                                    |              |                                                             |           |                  |
|               | <ul><li>x. Corridor near P</li><li>5. Based on obse</li></ul> | rvation, the Building was not                      |              |                                                             |           |                  |
|               |                                                               | e and operating condition, by                      |              |                                                             |           |                  |
|               |                                                               | fire and smoke resistance of                       |              |                                                             |           |                  |
|               |                                                               | Building Code defines as                           |              |                                                             |           |                  |
|               |                                                               | This could affect all residents,                   |              |                                                             |           |                  |
|               |                                                               | smoke/fire is not contained in                     |              |                                                             |           |                  |
|               | Room or fire compartment of origin.                           |                                                    |              |                                                             |           |                  |
|               | Findings on August 19, 2015:                                  |                                                    |              |                                                             |           |                  |
|               | a. The Laundry do                                             | oor did not latch                                  |              |                                                             |           |                  |
|               |                                                               |                                                    |              |                                                             |           |                  |
|               |                                                               | rvation, the Building was not                      |              |                                                             |           |                  |
|               |                                                               | e and operating condition,                         |              |                                                             |           |                  |
|               |                                                               | ) protecting the opening in the                    |              |                                                             |           |                  |
|               |                                                               | did not close completely and                       |              |                                                             |           |                  |
|               |                                                               | smoke. This could affect all                       |              |                                                             |           |                  |
|               |                                                               | visitors by not containing the                     |              |                                                             |           |                  |
|               | Findings on August                                            | ompartment of origin.                              |              |                                                             |           |                  |
|               |                                                               | of the double-egress                               |              |                                                             |           |                  |
|               |                                                               | s near Mech. Room 403, did                         |              |                                                             |           |                  |
|               |                                                               | e or floor strike and could not                    |              |                                                             |           |                  |
|               |                                                               | ame when the fire alarm                            |              |                                                             |           |                  |
|               | system released the                                           |                                                    |              |                                                             |           |                  |
|               |                                                               | dor double-doors near the Bio                      |              |                                                             |           |                  |
|               |                                                               | equipped a door coordinator                        |              |                                                             |           |                  |
|               |                                                               | ent so the doors cannot close                      |              |                                                             |           |                  |
|               | and latch properly                                            |                                                    |              |                                                             |           |                  |
|               |                                                               |                                                    |              |                                                             |           |                  |
|               |                                                               | rvations, the Building was not                     |              |                                                             |           |                  |
|               |                                                               | e and operating condition,                         |              |                                                             |           |                  |
|               | because breaches                                              |                                                    |              |                                                             |           |                  |
|               |                                                               | d construction invalidated its                     |              |                                                             |           |                  |
|               |                                                               | affect all residents, staff and                    |              |                                                             |           |                  |
|               |                                                               | e is not contained in Room or                      |              |                                                             |           |                  |
|               | compartment of original                                       | yırı.                                              |              |                                                             |           |                  |

Findings on August 19, 2015:
Division of Health Service Regulation

STATE FORM 6899 4WEW21 If continuation sheet 8 of 13

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    X1) PROVIDERS   X2) MULTIPLE CONSTRUCTION   X3) DATE SURVEY COMPLETED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Divisio</u> n | of Health Service Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | egulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                              |        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------|--------|----------|
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1800 N BERKLEY BLVD GOLDSBORO, NC 27534   [X4] ID PREFIX TAG  [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION]  C 189  C  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ` '           |                                                              |        |          |
| NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD  (X4) ID REFIX (EACH DECICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 189  C 18 | ANDILAN          | O CONTROLON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BENTH TO A HOW NOWDER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A. BUILDING:  | 01                                                           | JOIVIE |          |
| NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCY SUPPLIED (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 189  C 189  C 2 189  C 2 189  C 2 189  C 2 189  C 3. A cable was not properly firestopped as it penetrated the one-hour fire-resistance-rated ceiling assembly, beside a % inch EMT conduit in the Health & Wellness Director's Office.  b. In Mech. Room across from Bedroom 805, panel A1 had a 2 inch conduit that was not property sealed as it penetrated the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel.  d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly.  i. Therapy, ii. Life enrichment Coordinator's Office, e. In Mech. Room 018, there were several open-ended sleeves in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HAL096014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B. WING       |                                                              | 08/1   | 9/2015   |
| SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME OF          | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DRESS, CITY S | STATE, ZIP CODE                                              | -      |          |
| C 189   Continued From page 8   C 189   a. A cable was not properly firestopped as it penetrated the one-hour fire-resistance-rated ceiling assembly, behind the conduit for the electrical panel. d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel. d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel. d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel. d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly.  i. Therapy,  ii. Life enrichment Coordinator's Office, e. In Mech. Room 018, there were several open-ended sleeves in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1800 N BI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                              |        |          |
| C 189   Continued From page 8   C 189   C 189                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BROOK            | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I FVARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                              |        |          |
| a. A cable was not properly firestopped as it penetrated the one-hour fire-resistance-rated ceiling assembly, beside a ¾ inch EMT conduit in the Health & Wellness Director's Office.  b. In Mech. Room across from Bedroom 805, panel A1 had a 2 inch conduit that was not property sealed as it penetrated the one-hour fire-resistance-rated ceiling assembly.  c. In Mech. Room 403, there was a hole not sealed in the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel.  d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly.  i. Therapy,  ii. Life enrichment Coordinator's Office,  e. In Mech. Room 018, there were several open-ended sleeves in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PREFIX           | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y MUST BE PRECEDED BY FULL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PREFIX        | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI | D BE   | COMPLETE |
| penetrated the one-hour fire-resistance-rated ceiling assembly, beside a ¾ inch EMT conduit in the Health & Wellness Director's Office.  b. In Mech. Room across from Bedroom 805, panel A1 had a 2 inch conduit that was not property sealed as it penetrated the one-hour fire-resistance-rated ceiling assembly.  c. In Mech. Room 403, there was a hole not sealed in the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel.  d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly.  i. Therapy,  ii. Life enrichment Coordinator's Office,  e. In Mech. Room 018, there were several open-ended sleeves in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C 189            | Continued From pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | age 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C 189         |                                                              |        |          |
| bundle in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic. g. In Mech. Room 018, the one-hour fire-resistance-rated ceiling had deteriorated and has begun detaching from the structure.  8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | a. A cable was no penetrated the one-ceiling assembly, be the Health & Wellneb. In Mech. Room panel A1 had a 2 in property sealed as fire-resistance-rated. In Mech. Room sealed in the one-health ceiling assembly be electrical panel. d. In the following firestopped as they fire-resistance-rated. Therapy, ii. Life enrichmente. In Mech. Room open-ended sleeve fire-resistance-rated sealed, potentially a attic. f. In Mech. Room bundle in the one-health where not fire/smoke into the g. In Mech. Room fire-resistance-rated has begun detaching.  8. Based on obsemaintained in a safe because the corridor passage of smoke positively/automatic under normal closir residents, staff and latched and did not | of properly firestopped as it -hour fire-resistance-rated eside a ¾ inch EMT conduit in ess Director's Office. In across from Bedroom 805, ich conduit that was not it penetrated the one-hour d ceiling assembly. If 403, there was a hole not our fire-resistance-rated enind the conduit for the area cables were not properly penetrated the one-hour d ceiling assembly. If Coordinator's Office, no 18, there were several is in the one-hour d ceiling that where not allowing fire-resistance-rated not sealed, potentially allowing attic. In 018, there was with a cable nour fire-resistance-rated not sealed, potentially allowing attic. In 018, the one-hour d ceiling had deteriorated and not from the structure. In our fire-resistance condition, or doors did not resist the due to the doors not cally latching into their frame and force. This could affect all tivisitors if the doors were not |               |                                                              |        |          |

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|                          | NT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                                                                                                                                                                                             | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  01                                                                                           | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HAL096014                                                                                                                                                                                                                                                         | B. WING                      |                                                                                                              | 00/1              | 9/2015                   |
| NAME OF I                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                   |                              |                                                                                                              | <u> </u> 00/1     | 9/2015                   |
|                          | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1800 N BF                                                                                                                                                                                                                                                         | ERKLEY BLV                   | STATE, ZIP CODE<br><b>/D</b>                                                                                 |                   |                          |
| BROOK                    | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I FVARD                                                                                                                                                                                                                                                           | ORO, NC 27                   |                                                                                                              |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)                                                                                                                                                                                      | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE             | (X5)<br>COMPLETE<br>DATE |
| C 189                    | Continued From pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ge 9                                                                                                                                                                                                                                                              | C 189                        |                                                                                                              |                   |                          |
|                          | latch to the doorfran                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                   |                              |                                                                                                              |                   |                          |
|                          | maintained in a safe<br>because the electric<br>being operated or n<br>affect all staff, by all<br>persist.<br>Findings on August<br>a. The Sales and<br>using an extension                                                                                                                                                                                                                                                                                                             | rvation, the Building was not e and operating condition, cal power system was not naintained safely. This would lowing unsafe conditions to  19, 2015: Marking Manager's Office was cord to power office on cores cannot substitute for                           |                              |                                                                                                              |                   |                          |
|                          | maintained in a safe because the fire spimpaired, exposing that could allow the This would affect all the fire suppression timely manner and Room of origin. Findings on August a. The fire sprinkled dropped down from specific examples i i. Bedroom "B" wb. The fire sprinkled cover the complete Locations of specific not limited to: i. Bedroom 707 rc. The fire sprinkled missing. Locations but are not limited to: i. Front Corridor of the specific of the sprinkled missing. | er escutcheon plate had the ceiling. Locations of include but are not limited to: ing. er escutcheon plate did not hole through the ceiling. Include but are examples include but are sear corridor door. er escutcheon plate was of specific examples include o: |                              |                                                                                                              |                   |                          |

Division of Health Service Regulation

| DIVISION      | of Health Service Re                                                  | guiation                                                  |               |                                                                 |           |                  |
|---------------|-----------------------------------------------------------------------|-----------------------------------------------------------|---------------|-----------------------------------------------------------------|-----------|------------------|
|               | IT OF DEFICIENCIES                                                    | (X1) PROVIDER/SUPPLIER/CLIA                               | (X2) MULTIPL  | E CONSTRUCTION                                                  | (X3) DATE |                  |
| AND PLAN      | OF CORRECTION                                                         | IDENTIFICATION NUMBER:                                    | A. BUILDING:  | 01                                                              | COMP      | LETED            |
|               |                                                                       |                                                           |               |                                                                 |           |                  |
|               |                                                                       | HAL096014                                                 | B. WING       |                                                                 | 08/1      | 9/2015           |
|               |                                                                       |                                                           |               |                                                                 |           | 0.20.0           |
| NAME OF F     | PROVIDER OR SUPPLIER                                                  |                                                           |               | STATE, ZIP CODE                                                 |           |                  |
| BROOKE        | ALE BERKLEY BOU                                                       | LEVADO                                                    | ERKLEY BL     |                                                                 |           |                  |
|               |                                                                       | GOLDSB                                                    | ORO, NC 27    | 534                                                             |           |                  |
| (X4) ID       |                                                                       | TEMENT OF DEFICIENCIES                                    | ID            | PROVIDER'S PLAN OF CORRECTION                                   |           | (X5)             |
| PREFIX<br>TAG |                                                                       | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROF |           | COMPLETE<br>DATE |
| IAG           |                                                                       |                                                           | IAG           | DEFICIENCY)                                                     |           |                  |
| C 100         | Oantinuad Francis                                                     | 40                                                        | C 189         |                                                                 |           |                  |
| C 189         | Continued From pa                                                     | ge 10                                                     | C 169         |                                                                 |           |                  |
|               | maintained in a safe                                                  | e and operating condition,                                |               |                                                                 |           |                  |
|               | because some corr                                                     | idor doors were held open by                              |               |                                                                 |           |                  |
|               |                                                                       | release with a push or pull of                            |               |                                                                 |           |                  |
|               |                                                                       | g the doors from being closed                             |               |                                                                 |           |                  |
|               |                                                                       | This could affect all                                     |               |                                                                 |           |                  |
|               | •                                                                     | visitors by not containing                                |               |                                                                 |           |                  |
|               | smoke and fire in the room of origin.                                 |                                                           |               |                                                                 |           |                  |
|               | Findings on August 19, 2015:  a. Corridor door to the Bedroom 801 was |                                                           |               |                                                                 |           |                  |
|               | a. Corridor door to the Bedroom 801 was blocked open with a gnome,    |                                                           |               |                                                                 |           |                  |
|               | b. Corridor door to Housekeeping across form                          |                                                           |               |                                                                 |           |                  |
|               | Bedroom 409 had a mechanical kick-down                                |                                                           |               |                                                                 |           |                  |
|               | holding the door op                                                   |                                                           |               |                                                                 |           |                  |
|               |                                                                       | at the following locations had                            |               |                                                                 |           |                  |
|               |                                                                       | doors open, Locations of                                  |               |                                                                 |           |                  |
|               |                                                                       | nclude but are not limited to:                            |               |                                                                 |           |                  |
|               | i. Bedroom 803,                                                       |                                                           |               |                                                                 |           |                  |
|               | ii. Employee Lour                                                     | nge,                                                      |               |                                                                 |           |                  |
|               | iii. Dining Room to                                                   | Service Corridor,                                         |               |                                                                 |           |                  |
|               | iv. Bedroom 107.                                                      |                                                           |               |                                                                 |           |                  |
|               |                                                                       | the Bedroom 407 was                                       |               |                                                                 |           |                  |
|               | blocked open with a                                                   |                                                           |               |                                                                 |           |                  |
|               |                                                                       | the Beauty Shop was                                       |               |                                                                 |           |                  |
|               | blocked open with a                                                   | a capinet.                                                |               |                                                                 |           |                  |
|               | 12 Paged on object                                                    | rvation, all of the nurse call                            |               |                                                                 |           |                  |
|               |                                                                       | intained in a safe manner.                                |               |                                                                 |           |                  |
|               | Findings on August                                                    |                                                           |               |                                                                 |           |                  |
|               |                                                                       | pull switch was falling out of                            |               |                                                                 |           |                  |
|               |                                                                       | room of Bedroom707.                                       |               |                                                                 |           |                  |
|               |                                                                       |                                                           |               |                                                                 |           |                  |
|               | 13. Based on obse                                                     | rvation, the building was not                             |               |                                                                 |           |                  |
|               | maintained in accor                                                   | rdance with NC Building Code                              |               |                                                                 |           |                  |
|               |                                                                       | possibility of escape from                                |               |                                                                 |           |                  |
|               |                                                                       | of an emergency as required                               |               |                                                                 |           |                  |
|               |                                                                       | Carolina Rules for Adult Care                             |               |                                                                 |           |                  |
|               |                                                                       | More Beds, Rule 10A NCAC                                  |               |                                                                 |           |                  |
|               |                                                                       | nis would affect all residents,                           |               |                                                                 |           |                  |
|               |                                                                       | allowing the possibility that                             |               |                                                                 |           |                  |
|               | someone could be                                                      | locked in a room without the                              |               |                                                                 |           |                  |

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| STATEMEN                 | IT OF DEFICIENCIES OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                                                                                                                                        | ` ,                      | E CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X3) DATE | SURVEY<br>LETED          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| AND FLAN                 | OF CONNECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IDENTIFICATION NOMBER.                                                                                                                                                                                                                                                                                                                                                                                                    | A. BUILDING:             | 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COMP      | LLILD                    |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAL096014                                                                                                                                                                                                                                                                                                                                                                                                                 | B. WING                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 08/1      | 9/2015                   |
| NAME OF I                | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                 | DRESS, CITY, S           | STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
| BROOKE                   | DALE BERKLEY BOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FVARD                                                                                                                                                                                                                                                                                                                                                                                                                     | ERKLEY BLV<br>DRO, NC 27 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE | D BE      | (X5)<br>COMPLETE<br>DATE |
| C 189                    | Continued From pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ge 11                                                                                                                                                                                                                                                                                                                                                                                                                     | C 189                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
|                          | Findings on August                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r was locked from the kitchen                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
| C 199                    | Exhaust Ventilation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           | C 199                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |
|                          | provided with exhautwo cubic feet per na requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appirate to maintain the working order. This and visitors by subjic Findings on August a. The exhaust venot remove the requirement does not req | ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed, with natural ventilation in ces: rage;  toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities.  et as evidenced by: ervation and testing the facility e ventilation system in proper could affect all residents, staff ecting them to odors. |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                          |

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| STATEMENT<br>AND PLAN (         | OF DEFICIENCIES<br>OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION<br>01                                                                                         | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---------------------------------|----------------------------------|-----------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
|                                 |                                  | HAL096014                                                                         | B. WING                      |                                                                                                              | 08/1              | 9/2015                   |
| NAME OF PI                      | ROVIDER OR SUPPLIER              |                                                                                   |                              | STATE, ZIP CODE                                                                                              |                   |                          |
| I BROOKIJAIE BERKLEY BOILLEVARD |                                  | I EVARI)                                                                          | ERKLEY BL\<br>DRO, NC 27     |                                                                                                              |                   |                          |
| (X4) ID<br>PREFIX<br>TAG        | (EACH DEFICIENCY                 | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
|                                 | Continued From pa v. Pul Station | ge 12<br>blic Restroom near Nurse                                                 | C 199                        |                                                                                                              |                   |                          |

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Division of Health Service Regulation STATE FORM